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FORM D

RECEIVED

MAR 2 2004

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respor	nse16.00

							
SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
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SECTION 4(6), AND/OR	DATE RECEIVED
UNIFORM LIMITED OFFERING EXEMP	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) PCP - Sundance Springs, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	04021225
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
PCP - Stonebridge, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 5495 Belt Line Road, Suite 340, Dallas, Texas 75254	Telephone Number (Including Area Code) 972-866-7577
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) 972-866-7599
Brief Description of Business	
Real Estate Investment	
Type of Business Organization corporation limited partnership, already formed other (pl	lease specify): PROCESSED
□ corporation □ limited partnership, already formed □ other (pl □ business trust □ limited partnership, to be formed	MAR 3 1 2004
Month Year Actual or Estimated Date of Incorporation or Organization: 1 2 0 3 ✓ Actual Estim	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	1 PM (**MAN ** 2) (**) (**)
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supply not be filed with the SEC.	

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

				A. BASIC IDE	INTL	FICATION DATA				
2.	Enter the information re	equested for the fol	lowin	g:						
	• Each promoter of	the issuer, if the iss	uer h	as been organized w	ithin	the past five years;				
	• Each beneficial ow	oner having the pow	er to v	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	fa clas	s of equity securities of the issuer.
	• Each executive of	ficer and director of	f corp	orate issuers and of	corpo	rate general and mar	naging	partners of	partne	ership issuers; and
	• Each general and	managing partner of	f part	nership issuers.						
Chec	ck Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full	Name (Last name first,	if individual)								
PC	P GP, LLC - Sundan	ce Springs Serie	s							
	ness or Residence Addre 95 Belt Line Road, S				de)					
Chec	k Box(es) that Apply:	Promoter	2	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, entenary Interests, LL	*	s		-					
	ness or Residence Addre			-						
	ck Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, Prestwick Interests, L		 es							
Busi	ness or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)					
54	195 Belt Line Road, S	uite 340, Dallas,	Tex	as 75254						
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name first,	if individual)								
	Bellerive Interests, L	LC - No. 53 Serie	es							
	ness or Residence Addre 495 Belt Line Road,				de)					
	k Box(es) that Apply: ryan J. Kaminski	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, 609 Champions, Plan									
Busi	ness or Residence Addre	ess (Number and	Street	, City, State, Zip Co	de)					
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
Gle	eson Family Limited	Partnership								Managing Partner
	Name (Last name first, : 7 Prestonshire Lane,	· ·	5225							
Busi	ness or Residence Addre	ess (Number and	Street	, City, State, Zip Co	de)				-,-,-	
Chec	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Fuli	Name (Last name first,	if individual)								
Busi	ness or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

40		i i			В. П	NFORMAT	ION ABOU	r offeri	NG ÷				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$			
3.	3. Does the offering permit joint ownership of a single unit?										Yes	No	
4.												V	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (1	Last name	first, if indi	ividual)	N/A								
Bus	iness or	Residence	Address (N	lumber and	Street, C	ity, State, Z	(ip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler									
													
Stat			Listed Has " or check										l States
	[AL]	AK IN	[AZ]	[AR]	CA KY	[LA]	(ME)	DE MD	DC MA	FL MI	[GA]	MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	\overline{WV}	WI	WY	PR
Ful	Name (I	Last name	first, if indi	ividual)							·-·-	···	
Bus	iness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler								·	
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
Stati			" or check						************			All States	
			ΑZ	ĀR	CA	CO	CT	DE	DC	FL	GA		ID
	AL IL	AK IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	HI MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC)	SD	[TN]	TX]	ŪT]	VT]	VĀ)	WA	<u>wv</u>]	WI	WY	PR
Ful	l Name (1	Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	 					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States					
	AL	AK	\overline{AZ}	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	KI	SC	SD	IN	(IX)	UT	[VT]	(VA)	WA	WV	WI	(WY)	PK

4.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0-	\$0-
	Equity	\$ <u>-0-</u>	\$ <u>-0-</u>
	Common Preferred		
	Convertible Securities (including warrants)	\$ <u>-0-</u>	\$ <u>-0-</u>
	Partnership Interests		\$ 862,083
	Other (Specify)	<u>\$-0-</u>	\$ <u>-0-</u>
	Total		\$ <u>862,083</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$ <u>862,083</u>
	Non-accredited Investors	-0-	\$ <u>-0-</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_ ⁻⁰⁻
	Printing and Engraving Costs		\$0
	Legal Fees		\$0-
	Accounting Fees		\$0-
	Engineering Fees		\$0-
	Sales Commissions (specify finders' fees separately)		\$0-
	Other Expenses (identify)		<u>\$ -0-</u>
	Total		<u>\$0-</u>

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		_{\$_} 862,083	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees] \$	<u></u> \$	
	Purchase of real estate		\$	
	Purchase, rental or leasing and installation of machinery and equipment] \$		
	Construction or leasing of plant buildings and facilities			
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7\$	— □\$	
	Repayment of indebtedness	_	_	
	Working capital			
	Other (specify): Acquisition of Limited Partner interests in real estate development			
	partnership.	\$	<u>\$</u> 862,083	
	Column Totals		§ 862,083	
	Total Payments Listed (column totals added)			
	D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte		
	uer (Print or Type) CP GP, LLC - Sundance Springs Series	Date 3/1	6/04	
	me of Signer (Print or Type) Title of Signer (Print or Type) Manager of PCP GP, LLC - Sundance Spring	gs Series, its ger	neral partner	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURI							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
		See Appendix, Column 5, for state	response.						
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Ford D (17 CFR 239.500) at such times as required by state law.								
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees.								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	ner has read this notification and knows thorized person.	s the contents to be true and has duly cause	ed this notice to be signed on its bel	nalf by the	undersigned				
lssuer (Print or Type)	Signature	Date						
Name (Print or Type)	Title (Print or Type)							

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.